

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64	1					
65		1				
66		1				
67		1				
68		1				
69		1				
70	1	1				
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96						
97						
98						
99						
100						
TOTAL IND.	43	↓		↓		↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	22					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS